### _Request for Examination_ (Specify **ONE** level of test here)	Office of the State Fire Marshal Div. of Pers. Stnds and Education 1035 Stevenson Dr. Springfield, Ill 62703-4259

Fire Department/School:

Phone:

(   )

Address:

Fire Department/School Having Current Course Approval:

By my signature below as Fire Chief/School Director, I certify that all firefighter certification training requirements as established by the Division of Personnel Standards and Education have/will have been met for the individuals requesting the examination. As Fire Chief/School Director, I certify that all individuals are fire protection personnel meeting 50 ILCS 740§.

Check the appropriate box below

☐ As Fire Chief, I further certify that Fire Department records exist for each individual covering all training requirements; e.g., subject areas, practical skill examinations. By my signature, I further certify that this request form serves as a partial roster of current members of my department.

☐ As School Director I further certify that all firefighter certification training requirements as established by the Division of Personnel Standards and Education have/will have been met for the individuals requesting the examination.

Fire Chief/School Director Printed Name:

Fire Chief/School Director Drivers License #:

Fire Chief/School Director Signature:

Qualified Instructor Printed Name:

Qualified Instructor Drivers License #:

Qualified Instructor Signature:

FIREFIGHTER EXAMINATION REQUESTED DATES AND LOCATIONS:

	Date	Location	Time
1st Choice			
2nd Choice			
3rd Choice			
4th Choice			

SPECIFY LEVEL OF EXAM	**For Office Use Only**
	Request Number:

Please print all information clearly

NAME	DL #	FD	FDID
1.			
*Home Address		Paid ☐ POC ☐ VOL ☐	Date Entered Fire Service
2.			
*Home Address		Paid ☐ POC ☐ VOL ☐	Date Entered Fire Service
3.			
*Home Address		Paid ☐ POC ☐ VOL ☐	Date Entered Fire Service
4.			
*Home Address		Paid ☐ POC ☐ VOL ☐	Date Entered Fire Service
5.			
*Home Address		Paid ☐ POC ☐ VOL ☐	Date Entered Fire Service
6.			
*Home Address		Paid ☐ POC ☐ VOL ☐	Date Entered Fire Service